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| <b>Case Number:</b>   | CM14-0211760 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 10/18/2005 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old male with an injury date of 10/18/05. Based on the 11/19/14 progress report, the patient complains of lower back pain. There is tenderness and spasm on the left side at the thoracolumbar junction and at L2-L3 level. The motor strength testing is otherwise intact. The diagnoses are:1. Lumbar scoliosis degenerative type2. Status post bilateral knee total knee replacementsThe patient has notable scoliosis and diffused tenderness throughout the lumbar spine. There are claudication symptoms with cramping in the calves. The treatment plan includes CT scan of the lumbar spine. The patient is remaining off work until next appointment. Based on the 10/08/14 report, the patient complains of mid and upper back pain. The treatment includes MRI of lumbar spine recommendation which was denied per 11/19/14. Per 08/28/14 report, the patient has undergone course of physical therapy and acupuncture. The treating physician is requesting for CT scan of the lumbar spine with fluoride 18 SPECT images on 12/03/14. The utilization review determination being challenged is dated 12/09/14. The requesting physician provided treatment reports from 06/11/14-11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CT scan of the lumbar spine with fluoride 18 SPECT images superimposed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT ( Computed Tomography)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, CT scan of lumbar spine

**Decision rationale:** The patient presents with lumbar scoliosis. The request is for CT scan of the lumbar spine with fluoride 18 SPECT images. Per 11/19/14 report, the treater states that the request is to be superimposed to better determine if there is any area of metabolic uptake consistent with focal arthrosis. The CT will at least help with rudimentary canal size and foraminal size. ODG guideline low back chapter discuss regarding CT scan of lumbar spine and states not recommended, except for lumbar spine trauma and neurological deficit. For SPECT scan, ODG states, "Not recommended for general use in back pain. Under study as a screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by more common tests. The decision to use SPECT (single photon emission computed tomography) in most patients with low back pain cannot be supported by clinical trials." Therefore the request is not medically necessary.